



10-15-02

1786\$

EV077334447

PTO/SB/21 (6-98)

Please type a plus sign (+) inside this box ➔ ☐

Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/885,393
	Filing Date	June 19, 2001
	First Named Inventor	Richard Holscher et al.
	Group Art Unit	1756
	Examiner Name	Unknown
Total Number of Pages in This Submission	101	Attorney Docket Number MI22-1694

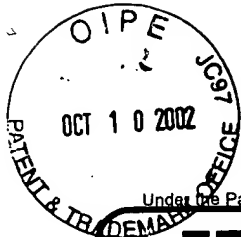
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): PTO Return Postcard Receipt Check PTO Form 1449, including copies of cited references
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	D. Brent Kenady; Wells St. John P.S.
Signature	
Date	10-10-02

RECEIVED
OCT 18 2002
TC 1700

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>		
Typed or printed name	Sent By U.S. Express Mail	
Signature	<input type="text"/>	Date <input type="text"/>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.



EV077334447

PTO/SB/17 (11-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180.00)

Complete if Known

Application Number	09/885,393
Filing Date	June 19, 2001
First Named Inventor	Richard Holscher et al.
Examiner Name	Unknown
Group Art Unit	1756
Attorney Docket No.	MI22-1694

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number
Deposit
Account
Name

23-0925

Wells St. John P.S.

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee

to the above identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$) -0-

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims Independent Claims Multiple Dependent

Extra Claims Fee from below Fee Paid

-20** = X =

-3** = X =

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) -0-

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	-0-
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	-0-
139 130	139 130	Non-English specification	-0-
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	-0-
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	-0-
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	-0-
115 110	215 55	Extension for reply within first month	-0-
116 400	216 200	Extension for reply within second month	-0-
117 920	217 460	Extension for reply within third month	-0-
118 1,440	218 720	Extension for reply within fourth month	-0-
128 1,960	228 980	Extension for reply within fifth month	-0-
119 320	219 160	Notice of Appeal	-0-
120 320	220 160	Filing a brief in support of an appeal	-0-
121 280	221 140	Request for oral hearing	-0-
138 1,510	138 1,510	Petition to institute a public use proceeding	-0-
140 110	240 55	Petition to revive - unavoidable	-0-
141 1,280	241 640	Petition to revive - unintentional	-0-
142 1,280	242 640	Utility issue fee (or reissue)	-0-
143 460	243 230	Design issue fee	-0-
144 620	244 310	Plant issue fee	-0-
122 130	122 130	Petitions to the Commissioner	-0-
123 50	123 50	Processing fee under 37 CFR 1.17(q)	-0-
126 180	126 180	Submission of Information Disclosure Stmt	180.00
581 40	581 40	Recording each patent assignment per property (times number of properties)	-0-
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	-0-
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	-0-
179 740	279 370	Request for Continued Examination (RCE)	-0-
169 900	169 900	Request for expedited examination of a design application	-0-

Other fee (specify)

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 180.00

SUBMITTED BY

Name (Print/Type) D. BRENT KENADY

Registration No.
(Attorney/Agent)

40,045

Complete (if applicable)

Telephone 509-624-4276

Signature

[Signature]

Date

10-10-02

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.